

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
091677740

APPLICANT(S)

FILING DATE

9-27-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
(2)	1					
(3)	1					
(4)	1					
(5)	1					
(6)	1					
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TOTAL IND.	10					
TOTAL DEP.						
TOTAL CLAIMS	10	10	10	10	10	10

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	10	10	10	10	10	10